

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis

B. 13492

Harry Sears

FEB 8 1937

791

Registration District No.....

Primary Registration District No.....

City Hospital No. 1

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

4256 Washington St.,

19 Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Alice Sears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 29, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Salesman

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Clothing
Retail Store10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

New York

MOTHER FATHER

13. NAME

Thomas Sears

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

England

15. MAIDEN NAME

Charlotte Peters

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

England

17. INFORMANT
(ADDRESS)Hosp. Info. M. H. Bent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE Jan. 6th 1937

19. UNDERTAKER
(ADDRESS)Drehmann & Son
1905 Union Blvd.

20. FILED

JAN 4 1937

J. Bredek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1/4/37

19

22. I HEREBY CERTIFY, That I attended deceased from

12/17/36

19

to 1/4/37

19

I last saw him alive on 1/4/37

19 Death is said

to have occurred on the date stated above, at 5.25a

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis
Diabetes
Cellulitis of foot
Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. Bredek M. D.

(Address) City Hospital

H.O.

